

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046747

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 7 1963

149

Primary Registration District No. 1002

Registrar's No.

6487

VS 300
Rev. 4/59

1
2 3789
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4 1
5 2
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7 1
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9 171X
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11 59
12 59-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 9 years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 4021 E. 53rd. St.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Wilma Bachamp		4. DATE OF DEATH Month December Day 19 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-24-1903
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 59 Days 59 Hours 59 Min. 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dietary Dept.		10b. KIND OF BUSINESS OR INDUSTRY St. Luke's Hosp.	
11. BIRTHPLACE (City and state or country) St. Edwards, Nebr.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Allen		13b. MOTHER'S MAIDEN NAME Mary Belle Kent	
14. NAME OF HUSBAND OR WIFE Frank Bachamp		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Barbara Rockey Hiawatha, Kans.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral and hepatic metastasis Carcinoma of cervix Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of cervix DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:21 P a.m. 12-11-62 Month, Day, Year 12-19-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hiawatha, Kans.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 12-11-62 to 12-19-62 and last saw her alive on 12-19-62 Death occurred at 11:21 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title)	
22b. ADDRESS 2400 Cherry		22c. DATE SIGNED 12-20-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-20-62	23c. NAME OF CEMETERY OR CREMATORY Hiawatha Cem.	
23d. LOCATION (City, town, or county) Hiawatha, Kans.		(State)	
24. FUNERAL DIRECTOR D. W. Newcomer's Sons		25. DATE RECD. BY LOCAL REG. 12-20-62	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.